

## Town of Fort Myers Beach

## COMMUNITY DEVELOPMENT DEPARTMENT

## SUBMITTAL FOR MASTER PLANS

Contractor:	License No
Contractor Address:	
Contact Person:	Email:
Contractor Phone:	Fax:
Model Name: Project	Name:(If Applicable)
Do Not Write Below This Line	
Sub Information	Plan Review
Electric Amps:	Approved by:Date
Plumbing:	SBC Occupancy Class:
A/C Seer:kWTon	Type of Construction:
Roof Type:	Number of Stories:
Fire Sprinkler, Alarm, Monitor YES NO	Building Height: Area:
	Threshold Building: YES NO
	Threshold Package Included: YES NO
<b>Permit Fees</b>	Shell Building: YES NO
Plan Review:	Inspector Certificate No.:
Building Permit:	Linear Ft. Noof Units
Electric:	
Plumbing:	<b>Proposed Construction Value</b>
Mechanical:	L.ASq.Ft.@\$/Sq.Ft.=\$
Roof:	O.ASq.Ft.@\$/Sq.Ft.=\$
Sewer:	TotalSq. Ft. Total Value = \$
Admin/Radon:	Radon Exempt YES NO
	Flood Exempt YES NO
Notor	
Notes:	
Applicant Signature Print Name	Date